

1

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

BATTLE ROSTER #: _____ **1**

EVAC: ☐ Urgent ☐ Priority ☐ Routine

NAME (Last, First): _____ **LAST 4:** _____

GENDER: ☐ M ☐ F **DATE** (DD-MMM-YY): _____ **TIME:** _____

SERVICE: _____ **UNIT:** _____ **ALLERGIES:** _____

2

Mechanism of Injury: (X all that apply) **2**

☐ Artillery ☐ Blunt ☐ Burn ☐ Fall ☐ Grenade ☐ GSW ☐ IED
☐ Landmine ☐ MVC ☐ RPG ☐ Other: _____

Injury: (Mark injuries with an X)

TQ: R Arm

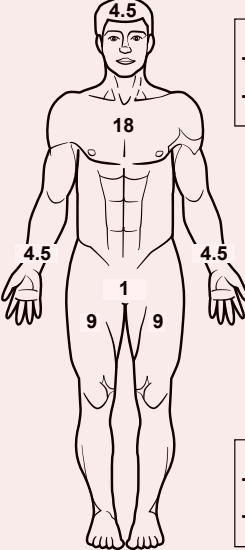
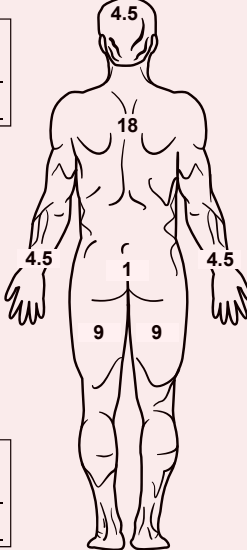
TYPE: _____

TIME: _____

TQ: L Arm

TYPE: _____

TIME: _____

TQ: R Leg

TYPE: _____

TIME: _____

TQ: L Leg

TYPE: _____

TIME: _____

3

Signs & Symptoms: (Fill in the blank) **3**

Time				
Pulse (Rate & Location)				
Blood Pressure	/	/	/	/
Respiratory Rate				
Pulse Ox % O2 Sat				
AVPU				
Pain Scale (0-10)				

DD Form 1380, JUN 2014

TCCC CARD